

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: Texas

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act

1902(e)(7)*

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

☐ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not covered.

* Pen and ink correction made in accordance with PM-93.5 and TN-93.18.

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Supersedes 87-10 Approval Date JAN 14 1992 Effective Date OCT 01 1991
TN No. 87-10

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HCFA 179 <u>91-34</u>	

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(MB)

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State/Territory: Texas

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30) of
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

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TN

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☒ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

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Approval Date 10-25-79

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November 1990

State/Territory: TEXAS

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

☒ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

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DATE REC'D <u>DEC 31 1990</u>	
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TN No. 9050
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TN No. 90-39

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Revision: HCFA-Region VI
March 1991

State TEXAS

Citation
42 CFR 447.45
AT-79-50
Sec. 1915(b)(4),
(Sec. 4742 of
P.L. 101-508)

4.19(e) The Medicaid agency meets
all requirements of 42 CFR
447.45 for timely payment
of claims.

ATTACHMENT 4.19-E specifies,
for each type of service, the
definition of a claim for
purposes of meeting these
requirements.

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Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

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Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

STATE <u>TX</u>	A
DATE REC'D <u>6-30-87</u>	
DATE APPVD <u>8-14-87</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-10</u>	

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HCFA ID: 1010P/0012P

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May 22, 1980

State TEXAS

Citation	4.19(g)	The Medicaid agency assures appropriate
42 CFR 447.201		audit of records when payment is based on
42 CFR 447.202		costs of services or on a fee plus
AT-78-90		cost of materials.

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Supersedes

TN #

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Effective Date 8-6-79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State TEXAS

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements
of 42 CFR 447.203 for documentation and
availability of payment rates.

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State TEXAS

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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Citation

42 CFR 4.19(j) The Medicaid agency meets the requirements
447.201 of 42 CFR 447.205 for public notice of any changes in
and 447.205 Statewide method or standards for setting payment
rates.

1903(v) of the (k) The Medicaid agency meets the requirements
Act of section 1903(v) of the Act with respect to payment
for medical assistance furnished to an alien who is
not lawfully admitted for permanent residence or
otherwise permanently residing in the United States
under color of law. Payment is made only for care
and services that are necessary for the treatment of
an emergency medical condition, as defined in section
1903(v) of the Act.

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